



## ENCROACHMENT PERMIT

#

PERMIT APPROVAL:  
SURETY \_\_\_\_\_ CHECK \_\_\_\_\_ OTHER \_\_\_\_\_  
ASSIGNED INSPECTOR: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_

ESTIMATE: \_\_\_\_\_  
SURETY: \_\_\_\_\_  
FEE: \_\_\_\_\_  
DATE PAID: \_\_\_\_\_

### ABOVE FOR CITY USE ONLY

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
CONTRACTOR'S LICENSE: \_\_\_\_\_  
BUSINESS LICENSE: \_\_\_\_\_  
WORKERS COMP: \_\_\_\_\_ EXP.: \_\_\_\_\_

#### LOCATION OF WORK

ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

#### SPECIFIC NATURE OF WORK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

START DATE: \_\_\_\_\_  
ESTIMATED END DATE: \_\_\_\_\_

#### SPECIAL REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL NOTIFICATION: (CIRCLE)  
PG&E SBC CALTRANS  
CHARTER USA OTHER

### READ BELOW BEFORE SIGNING

PURSUANT TO CITY CODE SECTIONS 17-25 THRU 17-30 ABOVE NAMED APPLICANT SHALL POST A MINIMUM OF \$500.00 SURETY, BEFORE THIS PERMIT IS ISSUED.

APPLICANT FUTHER AGREES TO PERFORM ALL WORK IN ACCORDANCE WITH CITY OF HOLLISTER STANDARDS AND SPECIAL NOTES LISTED BELOW.

APPLICANT AGREES TO PROPERLY MAINTAIN SAID ENCROACHMENT AT NO EXPENSE TO THE CITY AND TO INDEMNIFY THE CITY FROM ANY LIABILITY ARISING OUT OF OR CAUSED BY SAID ENCROACHMENT.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PROVIDE SKETCH HERE OR ATTACH A SEPARATE SHEET.

REMARKS: SEE ATTACHED CITY STANDARDS

### INSPECTION REPORT

DATE INSPECTED:	WORK:	REMARKS:	APP. BY:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HAVE EXAMINED THE WORK COVERED BY THIS PERMIT AND FIND THAT SAID WORK IS IN ACCORDANCE WITH THE STANDARDS OF THE CITY OF HOLLISTER.

SIGNATURE OF INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### TYPICAL CITY STANDARDS

1. ALL WORK MUST BE TO CITY OF HOLLISTER STANDARD SPECIFICATIONS AND DETAILS.
2. WORK MUST BE INSPECTED BY THE CITY OF HOLLISTER PRIOR TO BACKFILL.
3. ALL TRENCH BACKFILL TO BE CLEAN SAND BACKFILL.
4. ASPHALT OR CONCRETE ROAD SURFACE MUST BE SAW CUT.
5. PAVEMENT RESTORATION MUST BE 2.5 MINIMUM HOT ASPHALT OVER 8" MINIMUM.
6. TRENCH COMPACTION SHALL BE 90% EXCEPT FOR UPPER 12" OF SUBGRADE WHICH SHALL BE 95% RELATIVE DENSITY.
7. APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL INSPECTIONS WITH MINIMUM OF 24 HOUR NOTICE.
8. TWO SACK SAND SLURRY MAY BE SUBSTITUTED FOR 95% COMPACTED FILL OR A.B.